



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **33**

Application No.	09/586,744
Filing Date	June 2, 2000
First Named Inventor	Harrington
Examiner Name	Tekchand Saidha
Group Art Unit	1652
Attorney Docket No.	RI-71904

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment Fee Calculation	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response (30 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Petition for Extension of Time (3 months) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Deposit Account Authorization 50-2319	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Birgit Millauer, Reg. No. 43,341 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989	Customer Number 32940
Signature		
Date	May 18, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

5/18/04

Typed or printed name	Judi Stillwell		
Signature		Date	May 18, 2004



AMENDMENT FEE CALCULATION 2004

Complete if Known

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Examiner Name	Tekchand Saidha
Atty. Docket Number	RI-71904

Claims as Amended in Response to Office Action dated: November 18, 2003

METHOD OF PAYMENT (Check One)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
 Deposit Account No.: 50-2319
 Deposit Account Name: DORSEY & WHITNEY LLP
☒ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17
☐ Applicant claims small entity status (see 37 C.F.R. 1.27)
2. ☒ Check Enclosed

AMENDMENT FEE CALCULATION

1. EXTRA* CLAIM FEES

Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee
Total 47	- 73	= 0	x 18	= 0
Indep. 5	- 5	= 0	x 0	= 0
First Presentation of Multiple Dependent Claim			x	=
Subtotal (1)				00.00

*Calculation of Extra Claim Fees

Large Entity Fee	Small Entity Fee	Fee Description
18	9	Claims in excess of 20
86	43	Independent claims in excess of 3
290	145	Multiple dependent Claim
86	43	Reissue independent claims over original patent
18	9	Reissue claims in excess of 20 and over original patent

AMENDMENT FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	950.00
1,480	740	Extension for reply within fourth month	
2,010	1,005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
110	55	Terminal Disclaimer Fee	
110	55	Petition to revive – unavoidable	
1,330	665	Petition to revive – unintentional	
1,330	665	Utility/Reissue issue fee (inc. advance copies)	
130	130	Petitions to the Commissioner	
180	180	Submission of IDS	
770	385	Request for Continued Examination (RCE)	

Other fee (specify):

Subtotal (2) 950.00

Total Amount of Payment: 950.00

Submitted by:

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